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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<u>Pima</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>555</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registered No. <u>207</u>
Town	<u>Tucson</u>	No. <u>South Main</u> St.	Local Registrar's No. _____
Or City		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME		<u>Alfonso Carrillo</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH
<u>Male</u>	<u>White</u> Indian Black Chinese Mexican	MARRIED WIDOWED or DIVORCED	<u>May</u> <u>19</u> 191 <u>4</u> (Month) (Day) (Year)
DATE OF BIRTH			I hereby certify, that I attended deceased from <u>April 2</u> 191 <u>4</u> to <u>May 19</u> 191 <u>4</u> ; that I last saw him alive on <u>May 19</u> 191 <u>4</u> , and that death occurred on the date stated above at <u>9:45</u> M. The DISEASE or INJURY causing Death was as follows:
AGE	If less than 1 day		<u>Tubercular peritonitis</u>
<u>5</u> yrs. <u>—</u> mos. <u>—</u> days	hrs., or <u>—</u> min.		(Duration) yrs. <u>4</u> mos. <u>—</u> days
OCCUPATION			Was disease contracted in Arizona? <u>Yes</u>
(a) Trade, profession or particular kind of work			If not, where? _____
(b) General nature of industry, business, or establishment in which employed or (employer)			CONTRIBUTORY _____
BIRTHPLACE (State or country)	<u>Sonora Mex</u>		(Duration) yrs. <u>—</u> mos. <u>—</u> days
NAME OF FATHER	<u>Leonel Carrillo</u>		(Signed) <u>Alfred Schmidt</u>
BIRTHPLACE OF FATHER (State or country)	<u>Tucson Ariz</u>		<u>May 20</u> 191 <u>4</u> (Address) <u>Tucson</u>
MAIDEN NAME OF MOTHER	<u>Amparo Lacana</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
BIRTHPLACE OF MOTHER (State or country)	<u>Mexico</u>		LENGTH OF RESIDENCE _____
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death yrs. <u>—</u> mos. <u>—</u> ds. In Arizona yrs. <u>—</u> mos. <u>—</u> ds.	
(Informant)	<u>Arturo Carrillo</u>		Former or Usual Residence _____
(Address)	<u>Tucson</u>		Filed <u>May 20</u> 191 <u>4</u> <u>H. E. Grepin</u> Local Registrar
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		Filed <u>5/30</u> 191 <u>4</u> <u>Geo. D. Troutman</u> County Registrar
<u>Holy Hope</u>	<u>May 22</u> 191 <u>4</u>		
UNDERTAKER	ADDRESS		
<u>Tucson Und Co</u>	<u>Tucson</u>		